

Business Credential Application

Remit to:
 State of Wisconsin
 Department of Commerce-Credentialing
 P.O. Box 78780
 Milwaukee WI 53293-0780
 Phone (608) 261-8500
 TDD #: (608) 264-8777
 7:45 a.m. - 4:30 p.m.

**THE CREDENTIAL WILL NOT BE
PROCESSED UNLESS YOU :**

- A. Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable;
- C. Attach the specified fee; and
- D. Attach documents if specified on this application.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

Instructions: Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. **Be certain to sign and date the application.** The contact person for a business credential must be the owner of the business, a partner applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of a corporation. The business FEIN number or contact person social security number is mandatory information. **Make a photocopy of the completed application for your records.**

By signing below, the contact person swears that all information provided on this application is true, accurate and that the credential requirements are met. **Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.**

Contact Person's Signature	Date (mo/day/yr)	Contact Person's Title
<div style="border: 1px solid black; padding: 5px;"> Business Information </div> <div style="border: 1px solid black; padding: 5px;">Federal Employer Identification Number (FEIN):</div> <div style="border: 1px solid black; padding: 5px;">Business Name:</div> <div style="border: 1px solid black; padding: 5px;">No. & Street, or P.O. Box:</div> <div style="border: 1px solid black; padding: 5px;">City, Town or Village, State, Zip + 4 Code:</div> <div style="border: 1px solid black; padding: 5px;">Country, If Other Than United States:</div> <div style="border: 1px solid black; padding: 5px;">Business Telephone No. (include area code):</div> <div style="border: 1px solid black; padding: 5px;">If Available, Business Fax No. (include area code):</div> <div style="border: 1px solid black; padding: 5px;">If Available, Business Internet Address:</div> <div style="border: 1px solid black; padding: 5px;">We are going to put phone numbers in the lists of businesses on our website. If you do not want your phone number listed, please let us know.</div>		<div style="border: 1px solid black; padding: 5px;"> Contact Person Information </div> <div style="border: 1px solid black; padding: 5px;">Contact Person's Social Security No:</div> <div style="border: 1px solid black; padding: 5px;">Contact Person's Name (First, Middle and Last):</div> <div style="border: 1px solid black; padding: 5px;">Home Address No. & Street, or P.O. Box:</div> <div style="border: 1px solid black; padding: 5px;">City, Town or Village, State, Zip + 4 Code:</div> <div style="border: 1px solid black; padding: 5px;">Country, If Other Than United States:</div> <div style="border: 1px solid black; padding: 5px;">Home Telephone No. (include area code):</div> <div style="border: 1px solid black; padding: 5px;">If Available, Home Fax No. (include area code):</div> <div style="border: 1px solid black; padding: 5px;">If Available, Home Internet Address:</div>

HEATING, VENTILATING, AIR CONDITIONING CONTRACTOR REGISTRATION

Application and Credential Fee (nonrefundable): \$110.00 class code 7644

Make checks payable to: Department of Commerce. The credential will be effective for 4 years from the date of issuance. Office location: 201 W. Washington Ave, Madison. Mailing address: PO Box 7082, Madison, WI 53707.

Reason for Registration: Pursuant to ss. 101.177 (2) and (3) (a) and 101.178 (2), Stats., unless the person, entity or business holds a credential issued by the department as a registered HVAC contractor, no person, entity or business may engage or offer to engage in the following activities:

- installing heating, ventilating or air conditioning equipment;
- servicing heating, ventilating or air conditioning equipment or systems for facilities or properties not owned by the person or entity; or
- installing or servicing refrigeration equipment that would release or may release ozone-depleting refrigerant or sell for reuse used ozone-depleting refrigerant from refrigeration equipment.

A person, entity or business is not required to hold a credential as a registered HVAC contractor for electrical or plumbing work associated with the installation or servicing of HVAC equipment or systems. Note: Plumbing work associated with the installation or servicing of HVAC equipment or systems may necessitate a plumbing license. Electrical work associated with the installation or servicing of HVAC equipment or systems may necessitate under local ordinance an electrical certification.

Requirements of Credential: For any construction or installation that requires a uniform building permit under s. Comm 20.08, persons, entities, or businesses which hold licenses, certifications, or registrations as identified in Comm 5 may not commence construction or installation until a permit is issued.